



All United States Kendo Federation

SHOGO

KENDO / IAIDO (Circle one) EXAMINATION APPLICATION FORM

Requesting Shogo: _____ Exam. Date: _____ Date: _____

AUSKF ID No.: _____ Regional Kendo Federation: _____

Name: _____ Age: _____
Last First Middle

Address: _____
(Street)

_____ (City) (State) (Zip)

Phone: _____ E-Mail: _____

Date of Birth: _____ FAX: _____

Present Rank: _____ Date Received: _____

Place of Practice: _____ How many times a week: _____

If requesting Shogo fill in I,II and III:

	I Attend National Camp/Seminar	II Attend Regional Camp/Seminar	III Shinpan Experience at Taikai
1.	_____ (Title) (Year)	_____ (Title) (Year)	_____ (Title) (Year)
2.	_____	_____	_____
3.	_____	_____	_____

List any handicaps, injuries etc.: _____

(Signature of Applicant) (Date)

(Signature of Regional Federation President) (Date)

- * To avoid mistakes and delays, please print clearly.
- * A Copy of your Menjo (Promotion Certificate) and \$50 Fee payable to: All United States Kendo Federation. Payment must accompany this form.
- * We cannot process without your AUSKF ID Number.